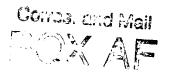
Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

he Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. TRAD Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818) Application Number 10/702,546 FEE TRANSMITTAL Filing Date November 7, 2003 For FY 2005 First Named Inventor YUICHI MAKINO ET AL. **Examiner Name** David H. Bollinger Applicant claims small entity status. See 37 C.F.R. 1.27 Art Unit 3653 TOTAL AMOUNT OF PAYMENT (\$) 0.00Attorney Docket No. 01306.000072.1 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): [X]06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of X Credit any overpayments fee(s) under 37 C.F.R. 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES SEARCH FEES **EXAMINATION FEES** FILING FEES Small Entity Small Entity Small Entity Fees Paid (\$) **Application Type** Fee(\$) Fee(\$) Fee (\$) Fee (\$) Fee (\$) Fee(\$) 300 150 500 250 200 100 Utility Design 200 100 100 50 130 65 200 100 300 150 160 80 Plant Reissue 300 150 500 250 600 300 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee(\$) Fee(\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 200 100 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims 180 **Total Claims Extra Claims** Fee (\$) Fee Paid (\$) Multiple Dependent Claims - 20 or HP = Fee Paid (\$) Fee(\$) HP = highest number of total claims paid for, if greater than 20 0 Fee Paid (\$) Indep. Claims Extra Claims Fee(\$) - 3 or HP = 0 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof **Total Sheets** Extra Sheets Fee (\$) Fee Paid (\$) \_\_\_\_\_ (round **up** to a whole number) x \_ - 100 = \_ / 50 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other:

SUBMITTED BY	1/15 / 11		
Signature	TWHAT	Registration No. (Attorney/Agent) 30,110	Telephone 202-530-1010
Name (Print/Type)	Lawrence A. Stahl		Date: January 31, 2005







BOX AF RESPONSE UNDER 37 C.F.R. § 1.116 EXPEDITED PROCEDURE EXAMINER GROUP 3653

01306.000072.1

## **PATENT APPLICATION**

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	
• •	:	Examiner: David H. Bollinger
YUICHI MAKINO, ET AL.	)	
	:	Group Art Unit: 3653
Application No.: 10/702,546	)	
	:	Confirmation No.: 8246
Filed: November 7, 2003	)	
	:	
For: SHEET CONVEYING APPARATUS	)	January 31, 2005
AND ORIGINAL DOCUMENT	:	
PROCESSING APPARATUS	)	
(AS AMENDED)	:	

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## **AMENDMENT AFTER FINAL REJECTION**

Sir:

In response to the Office Action mailed December 2, 2004, the Examiner is respectfully requested to consider and enter the following amendments: